

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 550

ONE PARK PLAZA

☐Check if different
than previously
reported. (ACC)

NASHVILLE

TN

37203

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00067231

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2007

through

09

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David Anderson

Signature of Treasurer

Electronically Filed by David Anderson

Date

10

10

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		127679.33
(b) Cash on Hand at Beginning of Reporting Period	47530.09	
(c) Total Receipts (from Line 19)	78768.14	107230.10
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	126298.23	234909.43
7. Total Disbursements (from Line 31)	14630.77	123241.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	111667.46	111667.46
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	43950.00	59900.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	34632.50	44112.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	78582.50	104012.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	78582.50	104012.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	185.64	3217.50
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	78768.14	107230.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	78768.14	107230.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	193.27	3514.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	193.27	3514.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	102650.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	437.50	477.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	437.50	477.50
29. Other Disbursements.....	1500.00	16600.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14630.77	123241.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14630.77	123241.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	78582.50	104012.60
34. Total Contribution Refunds (from Line 28(d))	437.50	477.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	78145.00	103535.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	193.27	3514.47
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	193.27	3514.47

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Robert Alford		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address 2503 Hemingway Drive		Transaction ID: SA11A1.14313 Amount of Each Receipt this Period 500.00
City Nashville	State TN	
Zip Code 37215		
FEC ID number of contributing federal political committee. C		
Name of Employer Centennial Medical Center	Occupation CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mark Atchley		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address 2732 Newcastle		Transaction ID: SA11A1.14599 Amount of Each Receipt this Period 250.00
City Grapevine	State TX	
Zip Code 76051		
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Plano	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Regina Bartlett		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 164 Ashland Pt		Transaction ID: SA11A1.14527 Amount of Each Receipt this Period 250.00
City Hendersonville	State TN	
Zip Code 37075		
FEC ID number of contributing federal political committee. C		
Name of Employer Skyline Medical Center	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Winston Borland

Mailing Address 1008 Woodhaven Dr

City State Zip Code
 McKinney TX 75070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of Plano

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.14601

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Susan Burroughs

Mailing Address 13300 Atlantic Blvd #724

City State Zip Code
 Jacksonville FL 32225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital

Occupation
Associate Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.14730

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Todd Caliva

Mailing Address 15422 Pinenut Bay Court

City State Zip Code
 Houston TX 77059

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Houston Med Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.14347

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Louis Caputo		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 3312 N San Miguel Street		Transaction ID: SA11A1.14534
City State Zip Code Tampa FL 33629	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		
Name of Employer South Bay Hospital	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Thomas Collins		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address 7808 Clodus Fields Drive		Transaction ID: SA11A1.14670
City State Zip Code Dallas TX 75251	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Green Oaks	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Patrick Connor		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 13001 Southern Blvd		Transaction ID: SA11A1.14444
City State Zip Code Loxahatchee FL 33470	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Palms West Hospital	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Brian Cook		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 355 New Shackle Island Road		Transaction ID: SA11A1.14481 Amount of Each Receipt this Period 350.00
City Hendersonville	State TN	
Zip Code 37075		
FEC ID number of contributing federal political committee. C		
Name of Employer Hendersonville Medical Center	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Kathleen A. Dassler		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address 6800 N Cynthia St		Transaction ID: SA11A1.14704 Amount of Each Receipt this Period 500.00
City McAllen	State TX	
Zip Code 78504		
FEC ID number of contributing federal political committee. C		
Name of Employer Rio Grande Regional	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Stephen Daugherty		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 2007 154th St SE		Transaction ID: SA11A1.14541 Amount of Each Receipt this Period 750.00
City Bradenton	State FL	
Zip Code 34212		
FEC ID number of contributing federal political committee. C		
Name of Employer South Bay Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
 Stephen E. Dixon
 Mailing Address 1508 Saintsbury Dr

City State Zip Code
 Las Vegas NV 89144

FEC ID number of contributing federal political committee.

C

Name of Employer
 Southern Hills Hosp & Med
 Ctr

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.14673

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
 Catherine Duffy
 Mailing Address 276 Noah Drive

City State Zip Code
 Franklin TN 37064

FEC ID number of contributing federal political committee.

C

Name of Employer
 Centennial Medical Center

Occupation
 CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.14306

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
 Marsha Easley
 Mailing Address 11758 Wordsworth Court

City State Zip Code
 Jacksonville FL 32223

FEC ID number of contributing federal political committee.

C

Name of Employer
 Orange Park Medical Center

Occupation
 COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.14835

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Michael Ehrat
Mailing Address 2208 Maple Grove Lane

City State Zip Code
Nashville TN 37211

FEC ID number of contributing federal political committee.

C

Name of Employer
Centennial Medical CenterOccupation
Associate Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.14301

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)
Joann Ettien
Mailing Address 1216 Beddington Park

City State Zip Code
Nashville TN 37215

FEC ID number of contributing federal political committee.

C

Name of Employer
Centennial/Women's HospitalOccupation
Administrator/COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.14278

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Harvey Fishero
Mailing Address 5920 Newgate Lane

City State Zip Code
Plano TX 75093

FEC ID number of contributing federal political committee.

C

Name of Employer
Medical Center of PlanoOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.14613

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 41

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

Bradley Garcia

Mailing Address 2819 Sweetholly Drive

City State Zip Code
 Jacksonville FL 32223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital

Occupation
SVP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.14733

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)

Michael Garfield

Mailing Address 3441 Dickerson Pike

City State Zip Code
 Nashville TN 37207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skyline Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.14515

Amount of Each Receipt this Period

750.00

C. Full Name (Last, First, Middle Initial)

Gregg Garrison

Mailing Address 17314 Lonesome Dove

City State Zip Code
 Houston TX 77095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spring Branch Med Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.14643

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Arturo Garza

Mailing Address 1001 E Fern Ave, Apt C308

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rio Grande Regional Hosp.

Occupation
Associate Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.14697

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William Gilbert

Mailing Address 385 Tolak Rd

City State Zip Code
 Aptos CA 95003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Med Ctr San Jose

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.14281

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Karen Giorgio

Mailing Address 835 Otter Creek Road

City State Zip Code
 Nashville TN 37220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skyline Medical Center

Occupation
Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.14511

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Eric Goldman Mailing Address 6231 Cherry Lake Drive North City State Zip Code Jacksonville FL 32258 FEC ID number of contributing federal political committee. C Name of Employer Memorial Hospital Occupation SVP/COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7 Transaction ID: SA11A1.14735 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mary Jo Goodman Mailing Address 330 Indian City State Zip Code Houston TX 77057 FEC ID number of contributing federal political committee. C Name of Employer Spring Branch Med Ctr Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.14650 Amount of Each Receipt this Period 350.00
C. Full Name (Last, First, Middle Initial) Ann Grannis Mailing Address 3012 New Natchez Trace City State Zip Code Nashville TN 37215 FEC ID number of contributing federal political committee. C Name of Employer Centennial Medical Center Occupation Dietician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.14275 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Sandra Haire Mailing Address 3708 Wilshire City State Zip Code Plano TX 75023 FEC ID number of contributing federal political committee. C Name of Employer Medical Center of Plano Occupation Chief Nursing Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.14614 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mary Halverson Mailing Address 2200 Morris Hill Rd City State Zip Code Chattanooga TN 37421 FEC ID number of contributing federal political committee. C Name of Employer Parkridge Valley Hospital Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 7 Transaction ID: SA11A1.14506 Amount of Each Receipt this Period 350.00
C. Full Name (Last, First, Middle Initial) Jennifer Harrington Mailing Address 2300 Patterson Street City State Zip Code Nashville TN 37203 FEC ID number of contributing federal political committee. C Name of Employer Centennial Medical Center Occupation Associate Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.14300 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Hank Hernandez		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 6557 Margartek Ridge		
City	State	Zip Code
El Paso	TX	79912
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.14551
Name of Employer Las Palmas Medical		Amount of Each Receipt this Period 500.00
Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Thomas Herron		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address 655 Bliss Road		
City	State	Zip Code
Brentwood	TN	37027
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.14272
Name of Employer Centennial Medical Center		Amount of Each Receipt this Period 1000.00
Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Kevin Hicks		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 10115 Howe Drive		
City	State	Zip Code
Leawood	KS	66206
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.14765
Name of Employer Research Medical Center		Amount of Each Receipt this Period 1000.00
Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Holly Hill Mailing Address 1608 Rachel's Retreat Circle City State Zip Code Hermitage TN 37076 FEC ID number of contributing federal political committee. C Name of Employer Summit Medical Center Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.14359 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Steve Hoelscher Mailing Address 3336 Stillcorn Ridge Road City State Zip Code Columbia TN 38401 FEC ID number of contributing federal political committee. C Name of Employer Polk Medical Center Occupation Administrator/COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.14285 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Pam Hudgens Mailing Address 1430 Tiber Ave City State Zip Code Jacksonville FL 32207 FEC ID number of contributing federal political committee. C Name of Employer Memorial Hospital Occupation VP Physician Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7 Transaction ID: SA11A1.14740 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Theresa Jefferson

Mailing Address 1101 Tranquiview Lane

City State Zip Code
 Valrico FL 33594

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Bay Hospital

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.14542

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Stephen Jones

Mailing Address 2706 San Efrain

City State Zip Code
 Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rio Grande Regional Hosp

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.14700

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Don Karl

Mailing Address 628 Cinnamon Ter

City State Zip Code
 El Paso TX 79932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Las Palmas Medical

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.14552

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Patricia Knight		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address PO Box 158712		
City	State	Zip Code
Nashville	TN	37215
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.14250
Name of Employer Centennial Medical Center		Amount of Each Receipt this Period 250.00
Occupation VP HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial) Bret G. Kolman		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address 2804 North Twyman		
City	State	Zip Code
Independence	MO	64058
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.14355
Name of Employer Lafayette Regional Hlt Ctr		Amount of Each Receipt this Period 750.00
Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00

C. Full Name (Last, First, Middle Initial) Charles Laird		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address 1514 Morrow Street		
City	State	Zip Code
Austin	TX	78757
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.14346
Name of Employer West Houston Med Ctr		Amount of Each Receipt this Period 500.00
Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Tom Lawhorne Mailing Address PO Box 759 City Pulaski State VA Zip Code 24301 FEC ID number of contributing federal political committee. C Name of Employer Pulaski Community Hospital Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.14709 Amount of Each Receipt this Period 350.00
B. Full Name (Last, First, Middle Initial) Jim Leamon Mailing Address 724 Black Creek Drive City Chattanooga State TN Zip Code 37419 FEC ID number of contributing federal political committee. C Name of Employer Parkridge Medical Center, Inc. Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.14412 Amount of Each Receipt this Period 400.00
C. Full Name (Last, First, Middle Initial) Ernest Lynch Mailing Address 3329 Laurel Fork Dr City McKinney State TX Zip Code 75070 FEC ID number of contributing federal political committee. C Name of Employer Medical Center of McKinney Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7 Transaction ID: SA11A1.14782 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Peter Marmerstein Mailing Address 2501 Founders Bridge Rd City Midlothian State VA Zip Code 23113 FEC ID number of contributing federal political committee. C Name of Employer CJW Medical Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7 Transaction ID: SA11A1.14764 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Leigh Massengill Mailing Address 15319 Lake Maurine Drive City Odessa State FL Zip Code 33556 FEC ID number of contributing federal political committee. C Name of Employer Regional Med Ctr Bayonet Point Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.14425 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Michael Mayo Mailing Address 2738 Chestnut Grove Ct City Orange Park State FL Zip Code 32073 FEC ID number of contributing federal political committee. C Name of Employer Orange Park Med Ctr Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7 Transaction ID: SA11A1.14832 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Mary McElroy Mailing Address 4074 Mizner Circle South City Jacksonville State FL Zip Code 32217 FEC ID number of contributing federal political committee. C Name of Employer Memorial Hospital Occupation SVP/CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7 Transaction ID: SA11A1.14744 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mitchell Mongell Mailing Address 4901 Richard Street City Jacksonville State FL Zip Code 32207 FEC ID number of contributing federal political committee. C Name of Employer Specialty Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7 Transaction ID: SA11A1.14779 Amount of Each Receipt this Period 750.00
C. Full Name (Last, First, Middle Initial) Darrell Moore Mailing Address 3201 Enclave Bay Drive City Chattanooga State TN Zip Code 37415 FEC ID number of contributing federal political committee. C Name of Employer Parkridge Medical Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.14414 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Michael Morrison
Mailing Address 2211 Drakes Hill Court

City State Zip Code
Hendersonville TN 37075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hendersonville Medical Ce-
nter

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2007

Transaction ID: SA11A1.14490

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)
Ed Moyer
Mailing Address 100 Aspen Place

City State Zip Code
Calhoun GA 30701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Redmond Regional Med Ctr

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 06 / 2007

Transaction ID: SA11A1.14380

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dia Nichols
Mailing Address 7101 Jahnke Rd

City State Zip Code
Richmond VA 23225

FEC ID number of contributing
federal political committee.

C

Name of Employer
CJW Medical Center

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2007

Transaction ID: SA11A1.14763

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Stanley Nord Mailing Address 104 Pamellia City State Zip Code Bellaire TX 77401 FEC ID number of contributing federal political committee. C Name of Employer West Houston Med Ctr Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.14350 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	7	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	6		2	0	0	7																							
500.00																																
B. Full Name (Last, First, Middle Initial) Kevin Orndorff Mailing Address 2300 Patterson Street City State Zip Code Nashville TN 37203 FEC ID number of contributing federal political committee. C Name of Employer TriStar/Centennial Occupation Administrator of CV Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.14266 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">400.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	7	400.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	6		2	0	0	7																							
400.00																																
C. Full Name (Last, First, Middle Initial) Julie Hayes Perez Mailing Address 4475 Honey Willow Way City State Zip Code El Paso TX 79922 FEC ID number of contributing federal political committee. C Name of Employer Las Palmas Del Sol Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.14550 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0	7	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		1	9		2	0	0	7																							
500.00																																

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Anita Peterson Mailing Address 711 Kelly Drive City Lebanon State TN Zip Code 37087 FEC ID number of contributing federal political committee. C Name of Employer Parthenon Pavilion Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.14265 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Cathy Philpott Mailing Address 111 Merrimac Drive City Hendersonville State TN Zip Code 37075 FEC ID number of contributing federal political committee. C Name of Employer Centennial Medical Center Occupation Associate CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.14264 Amount of Each Receipt this Period 350.00
C. Full Name (Last, First, Middle Initial) Carolyn Quinlan Mailing Address 14000 Fivay Road City Hudson State FL Zip Code 34667 FEC ID number of contributing federal political committee. C Name of Employer Regional Med Ctr Bayonet Point Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.14428 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Dwayne Ray		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>2</td><td>1</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	1		2	0	0	7													
Mailing Address 3631 Amber Hills Dr		Transaction ID: SA11A1.14783																				
City State Zip Code Dallas TX 75287	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>		500.00																			
500.00																						
FEC ID number of contributing federal political committee. C																						
Name of Employer Medical Center of McKinney	Occupation CFO																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>		500.00																			
500.00																						

B. Full Name (Last, First, Middle Initial) Stephen Rector		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>0</td><td>6</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	6		2	0	0	7													
Mailing Address 201 Bay View Street		Transaction ID: SA11A1.14429																				
City State Zip Code Safety Harbor FL 34695	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																						
FEC ID number of contributing federal political committee. C																						
Name of Employer Regional Med Ctr Bayonet Point	Occupation CEO																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																						

C. Full Name (Last, First, Middle Initial) Tom Rice		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>1</td><td>9</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	9		2	0	0	7													
Mailing Address 13130 Placida Pointe Ct		Transaction ID: SA11A1.14440																				
City State Zip Code Placida FL 33946	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>		500.00																			
500.00																						
FEC ID number of contributing federal political committee. C																						
Name of Employer Fawcett Memorial	Occupation Health Administrator																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>		500.00																			
500.00																						

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Nancy Rout Mailing Address 1801 N Oregon St. City El Paso State TX Zip Code 79902 FEC ID number of contributing federal political committee. C Name of Employer Las Palmas Medical Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 7 Transaction ID: SA11A1.14556 Amount of Each Receipt this Period 350.00
B. Full Name (Last, First, Middle Initial) Shalin Shah Mailing Address 18919 Saint Laurent Drive City Lutz State FL Zip Code 33558 FEC ID number of contributing federal political committee. C Name of Employer Regional Med Ctr Bayonet Point Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.14430 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Richard Shannonhouse Mailing Address 3625 University Blvd S City Jacksonville State FL Zip Code 32277 FEC ID number of contributing federal political committee. C Name of Employer Memorial Hospital Occupation Chaplain Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7 Transaction ID: SA11A1.14755 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Barbarin Sharn		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 8004 Craftsbury Lane		
City	State	Zip Code
McKinney	TX	75071
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.14785
Name of Employer Medical Center of McKinney		Amount of Each Receipt this Period 500.00
Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial) Susan Shreeve		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 4806 W 14th Terr		
City	State	Zip Code
Leawood	KS	66224
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.14767
Name of Employer Research Medical Center		Amount of Each Receipt this Period 500.00
Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

C. Full Name (Last, First, Middle Initial) Nancy Simon		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 4024 Eagle Landing Dr		
City	State	Zip Code
Orange Park	FL	32065
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.14827
Name of Employer Orange Park Med Ctr		Amount of Each Receipt this Period 500.00
Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

Micki Slingerland

Mailing Address 1121 Tyne Blvd

City State Zip Code
 Nashville TN 37220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centennial Medical Center

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.14259

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Danny Smith

Mailing Address 1410 Dogwood Valley Road

City State Zip Code
 Tunnel Hill GA 30755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Redmond Regional Med Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.14379

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Edward Smith

Mailing Address 407 Ranch Road

City State Zip Code
 Portland TN 37148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Portland Medical Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.14484

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Linda Stephens		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address 21107 Beech Landing Ln		
City	State	Zip Code
Katy	TX	77450
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.14323
Amount of Each Receipt this Period		500.00
Name of Employer West Houston Medical		Occupation Chief Nursing Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		500.00

B. Full Name (Last, First, Middle Initial) David Summers		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address 106 Tattrall Court		
City	State	Zip Code
Gallatin	TN	37066
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.14256
Amount of Each Receipt this Period		500.00
Name of Employer Centennial Medical Center		Occupation CFO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		500.00

C. Full Name (Last, First, Middle Initial) Jason Tillman		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address 15445 Ridgewood Drive		
City	State	Zip Code
Frisco	TX	75035
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.14672
Amount of Each Receipt this Period		250.00
Name of Employer Green Oaks Hospital		Occupation CFO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
 Calee Travis
 Mailing Address 3222 Berry Hollow Drive

City State Zip Code
 Melissa TX 75454

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Center of McKinney

Occupation
 CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.14786

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)
 R. Carlton Ulmer
 Mailing Address 15 Nicklaus Drive

City State Zip Code
 Rome GA 30165

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Redmond Regional Med Ctr

Occupation
 COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.14381

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
 Jerri Underwood
 Mailing Address 6931 Lakeshore Drive

City State Zip Code
 Chattanooga TN 37416

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Parkridge Med. Ctr.

Occupation
 CNE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.14415

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Brenda Waltz		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address 28 Westover Drive		Transaction ID: SA11A1.14378
City Rome	State GA	Zip Code 30165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Redmond Regional Med. Ctr	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) James White		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address 1005 Heathrow Drive		Transaction ID: SA11A1.14254
City Hendersonville	State TN	Zip Code 37075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Centennial Medical Center	Occupation Administrator, Ortho/Neuro/Spine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Jeffrey T. Whitehorn		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address 9442 Highwood Hill Road		Transaction ID: SA11A1.14370
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Summit Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Pam Whitley Mailing Address 7808 Clodus Fields City State Zip Code Dallas TX 75251 FEC ID number of contributing federal political committee. C Name of Employer Green Oaks Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.14668 Amount of Each Receipt this Period 350.00
B. Full Name (Last, First, Middle Initial) Wayne Winney Mailing Address 3109 LaReserve Drive City State Zip Code Ponte Vedra Beach FL 32082 FEC ID number of contributing federal political committee. C Name of Employer Memorial Hospital Occupation Sr VP/Physician Network Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7 Transaction ID: SA11A1.14759 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Jay Woodall Mailing Address 8502 N Fitzgerald City State Zip Code Missouri City TX 77459 FEC ID number of contributing federal political committee. C Name of Employer Spring Branch Med Ctr Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.14652 Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Russ Young

Mailing Address 10113 Bridgedale Drive

City State Zip Code
 Lithia FL 33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Bay Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.14544

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

43950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 41

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Suntrust Bank		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 622227		
City Orlando	State FL	Zip Code 32862-2227
FEC ID number of contributing federal political committee. C		Transaction ID: SA17.14851
Name of Employer 		Amount of Each Receipt this Period 185.64
Occupation 		interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3217.50	

SUBTOTAL of Receipts This Page (optional)

185.64

TOTAL This Period (last page this line number only)

185.64

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Suntrust Bank

Mailing Address P.O. Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
account analysis fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.14852

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Amount of Each Disbursement this Period

193.27

SUBTOTAL of Disbursements This Page (optional)

193.27

TOTAL This Period (last page this line number only)

193.27

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. BOYD FOR CONGRESS

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement
fundraiser

Candidate Name
BOYD FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 02

Transaction ID: SB23.14859

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CHARLIE MELANCON CAMPAIGN COMM. INC

Mailing Address PO Box 549
 PO BOX 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement
fundraiser

Candidate Name
CHARLIE MELANCON CAMPAIGN COMM. INC

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 3

Transaction ID: SB23.14873

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF GINNY BROWN-WAITE

Mailing Address P.O. Box 865

City Brooksville State FL Zip Code 34605

Purpose of Disbursement
fundraiser

Candidate Name
FRIENDS OF GINNY BROWN-WAITE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 5

Transaction ID: SB23.14871

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. JOHN D. DINGELL FOR CONGRESS

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
fundraiser

Candidate Name
JOHN D. DINGELL FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: SB23.14860

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOHN SPRATT FOR CONGRESS COMM.

Mailing Address POST OFFICE BOX 10986

City ROCK HILL State SC Zip Code 29731

Purpose of Disbursement
fundraiser

Candidate Name
JOHN SPRATT FOR CONGRESS COMM.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: SB23.14861

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KLEIN FOR CONGRESS

Mailing Address 21301 POWERLINE ROAD SUITE 204

City BOCA RATON State FL Zip Code 33433

Purpose of Disbursement
contribution

Candidate Name
KLEIN FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: SB23.14855

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. MARTINEZ FOR SENATE

Mailing Address 610 S BOULEVARD

City
TAMPA

State
FL

Zip Code
33606

Purpose of Disbursement
contribution

Candidate Name
MARTINEZ FOR SENATE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 00

Transaction ID: SB23.14853

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address 175 S. WEST TEMPLE SUITE 650

City
SALT LAKE CITY

State
UT

Zip Code
84101

Purpose of Disbursement
fundraiser

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.14857

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

12500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Susan Burroughs

Mailing Address 13300 Atlantic Blvd #724

City
Jacksonville

State
FL

Zip Code
32225

Purpose of Disbursement
NSF check

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.14868

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)

350.00

TOTAL This Period (last page this line number only)

350.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Friends of Bill Harmon

Mailing Address PO Box 651

City Dunlap State TN Zip Code 37327

Purpose of Disbursement
fundraiser

Candidate Name
Friends of Bill Harmon

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 37

Transaction ID: SB29.14877

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gary Odom Legislative Committee

Mailing Address 119 Dunham Springs Lane

City Nashville State TN Zip Code 37205

Purpose of Disbursement
fundraiser

Candidate Name
Gary Odom Legislative Committee

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 55

Transaction ID: SB29.14875

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Randy Rinks for State Representative

Mailing Address PO Box 58

City Pickwick Dam State TN Zip Code 38365

Purpose of Disbursement
fundraiser

Candidate Name
Randy Rinks for State Representative

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 71

Transaction ID: SB29.14869

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00